



**Montgomery County Department of Health and Human Services
Licensure and Regulatory Services**

255 Rockville Pike, 1ST Floor, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

VIDEO GAME LICENSE APPLICATION (OWNER)**

New ☐ Renewal ☐ Change of Owner ☐

TODAY'S DATE: _____

Name of Owner/Corporation: _____

Address of Owner/Corporation: _____
(include street number, suite number, street name, city, state, and zip code)

Telephone No. (with area code): _____ Federal Tax Identification No.: _____

Fax No. (with area code): _____ Email: _____

Workers' Compensation Insurance Company Name: _____ Policy/Binder No: _____

Check here ☐ if this facility is operated by a sole proprietor with no employees or by members of a partnership or LLC, and a Certificate of Compliance has been obtained. You must submit a copy of the Certificate of Compliance with this application.

Name of Facility: _____ Telephone No. (with area code): _____

Address of Facility: _____
(include street number, suite number, street name, city, state, and zip code)

Owner of Facility: _____ Total Number of Video Games at Facility: _____

****** Montgomery County Code 56A-3(e) states "Any change in the information stated on the license, including the acquisition of additional video games, and the transfer of ownership, shall be reported to the Director within thirty (30) days of the change."

I hereby certify that the above information is accurate and complete:

Signature of Owner or Agent: _____

Printed Name and Title of Above Signatory: _____

LICENSES ARE NOT TRANSFERABLE FROM LOCATION TO LOCATION OR PERSON TO PERSON.

The Licensing Fee is **\$125.00** per video game. Renewal applications received after the license expiration date must include a **\$25.00** Late Application Fee.

Payment Method: ☐ Check ☐ Money Order ☐ Visa ☐ Mastercard Make checks or money orders payable to "Montgomery County, Maryland". Cash is not accepted. Credit card payments may be faxed to 240-777-4531 (confidential fax line).

Fee: \$ _____ Credit Card No: _____ Exp. Date: _____

Credit Cardholder's Name: _____ Amount Charged: \$ _____

I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

OFFICE USE ONLY

Receipt No.: _____

Date Issued: _____ Staff Initials: _____

Amount Paid: _____

Date Expires: _____

Check/Money Order No.: _____

Record No.: _____